

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

09782702

02/21/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		/					52			
3							53			
4							54			
5		/					55			
6		/					56			
7							57			
8							58			
9	/						59			
10		/					60			
11							61			
12		/					62			
13							63			
14		/					64			
15							65			
16		/					66			
17	/						67			
18		/					68			
19							69			
20							70			
21		/					71			
22							72			
23		/					73			
24							74			
25		/					75			
26	/						76			
27		/					77			
28							78			
29	/						79			
30		/					80			
31							81			
32		/					82			
33	/						83			
34		/					84			
35		/					85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	6						TOTAL IND.			